

Youth Volleyball for Girls in Elementary and Middle School.

These leagues are designed to promote volleyball skills development in young players, provide fun opportunities to explore the sport of volleyball, and help players develop the character traits & values gained through youth sport participation. Early registration is encouraged before all spots are filled. Fee includes one t-shirt per player.

Optional: Extra shirts can be pre-ordered for an additional fee.



Register: February 16 - 27 (first come, first served until full)

Fee: \$40 per resident \$60 per non-Fayette resident

Grades 5 & 6 Tuesdays Silver Division Course #: 15050

Grades 7 & 8 Thursdays Gold Division Course #: 15051

Practice/Game Location: East Fayette Gym

Season: March - May

Wanted: Volunteer coaches (ages 18+) and also teen volleyball players to assist as Peer Mentors with younger divisions.

Phone: 770-716-4320

Fax: 770-460-1931

E-mail: recreation@fayettecountyga.gov

Website: www.fayettecountyga.gov

Mail:

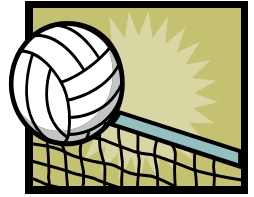
140 Stonewall Avenue West
Fayetteville, GA 30214

Office:

980 Redwine Rd., Fayetteville



Fayette County Parks & Recreation Department YOUTH VOLLEYBALL LEAGUES (Grades 5 – 8)



Dear Players & Parents,

Thank you for your interest in the Fayette County Parks and Recreation Department's **Youth Volleyball Program** for girls in 5th - 8th grade. Our mission is to encourage volleyball skills development in young players, provide fun opportunities to explore the sport of volleyball, and help players develop the character traits & values gained through youth sport participation. We are looking forward to another great season of this award-winning program, and we are excited to have you join the fun!

Registration Dates: February 16 - 27 (Walk-up, Mail-in, or Online)

- ♦ Registration will be taken on a first come, first served basis until full. A waiting list will then be taken. If any spots are left after the deadline, then late registrations will include an additional \$10 late fee.

Expected Grade Divisions and Season (subject to change):

- ♦ Grades 5 & 6 Tuesdays Silver Division
- ♦ Grades 7 & 8 Thursdays Gold Division
- ♦ Season: March - May
- ♦ Practice/game duration: 1 - 1^{1/2} hours per week (only one night per week with no weekends)
- ♦ **Skills Clinics:** March 3 (Silver) and March 5 (Gold).
- ♦ **Skills Assessment:** March 10 (Silver) and March 12 (Gold).



Location:

- ♦ East Fayette Gym, 245 Booker Avenue, Fayetteville (former East Fayette Elementary school)

Eligibility: NO EXPOSED JEWELRY may be worn during on the volleyball court. If planning to have player's ears pierced, please wait until after the volleyball season ends. Athletes WILL NOT be able to practice or compete in games while wearing earrings or other jewelry.

Cancellations: Requests for partial refunds (less 25% administrative fee) must be received by March 5 at 5:00 p.m. No refunds will be given for cancellations after March 5.

Online Registration is not finalized until the Recreation Department has also received your completed Volleyball Registration Form (last 3 pages). **Online registration will be closed on Wednesday, February 25, or earlier if league is almost full.** We may still have a few spots left, so contact the Recreation Office if online registration is closed.

The **Silver and Gold Divisions are team-based divisions** with players evenly divided onto different teams, led by volunteer coaches. Both the Silver and Gold Divisions are expected to have a Skills Clinic and Skills Assessment in early March. The primary skills to be covered include bumps, sets, spikes and serves. Players should be in appropriate volleyball attire (t-shirts, shorts, knee pads, tennis shoes). The Skills Assessments are not tryouts, and nobody will be cut. So, just relax and give it your best! After Skills Assessments, players will be assigned to team and given a schedule of practices & games. League champions (one team per division) will be awarded at end of season. Silver and Gold Divisions will be limited to 28 - 54 players per division (4 - 6 teams of 7 - 9 players).



For more information, please either visit our office at 980 Redwine Road, Fayetteville (hours: Monday - Friday, 8 a.m. - 5 p.m.), call (770) 716-4320, or email recreation@fayettecountygva.gov.

Sincerely,

Mike Swanson, Program Coordinator



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

Fayette County Parks & Recreation Department
(770) 716 - 4320 recreation@fayettecountyga.gov

GIRLS VOLLEYBALL LEAGUE (Grades 5 - 8)
SPRING 2015 REGISTRATION FORM (Page 1 of 3)

****STAFF USE ONLY****

Date: _____
Amount: _____
Check # or Cash: _____
Employee Initials: _____
Extra shirts? Yes / No

REGISTRATION DATES: February 16—27 -- *First Come, First Served Until Full!*

Fees: \$40 Fayette Resident **Register in person:** 980 Redwine Rd., Fayetteville (Mon.-Fri., 8am - 5pm)
\$60 Another County **Register by mail:** 140 W. Stonewall Ave., Fayetteville, GA 30214

Register online*: www.fayettecountyga.gov/parks_and_recreation (click "Online Payment Information")

**Participants registering online must still to submit this form (in person, by mail, or fax: 770-460-1931).*

PLEASE PRINT CLEARLY.

Athlete #1 _____ Grade _____ Division (circle) **SILVER** (Grades 5 & 6)
GOLD (Grades 7 & 8)
Current School Attending _____ Age _____ Birthdate _____
List Volleyball Experience _____ Height _____ Ft _____ In
Shirt Size (circle): **YOUTH** Medium / Large / X-Large -or- **ADULT** Small / Medium / Large / X-Large

Athlete #2 _____ Grade _____ Division (circle): **SILVER** (Grades 5 & 6)
(OPTIONAL second player - must be living in the same household) **GOLD** (Grades 7 & 8)
Current School Attending _____ Age _____ Birthdate _____
List Volleyball Experience _____ Height _____ Ft _____ In
Shirt Size (circle): **YOUTH** Medium / Large / X-Large -or- **ADULT** Small / Medium / Large / X-Large

Address _____
City _____ State _____ Zip _____ County _____
Primary Phone _____ Secondary Phone _____
Primary Email _____ Secondary Email _____
Mother/Guardian _____ Father/Guardian _____

Please circle one: I live in the following area:

Fayetteville Unincorporated Fayette County Town of Brooks Peachtree City
Town of Tyrone Woolsey Another County (**Add 50% Surcharge to League Fee**)

Does your child need a modification due to disability to enjoy this program? _____

Would you like to pre-pay for additional t-shirts (\$10 each) for athlete (or family members to support team)?

Yes _____ No _____ If yes, list quantity and shirt size(s) _____

Additional fee: _____ shirts x \$10 each = \$_____ (Must be paid at time of league registration.)

In past seasons, some parents have found it helpful to have more than one shirt per player, so they didn't have to wash laundry as frequently or if the shirt is accidentally bleached/stained/lost (it has happened). **Silver/Gold players will not be able to compete in games without the correct team jersey. There will be no late/replacement shirt orders.**

****Return this form to Recreation Department - Page 1 of 3****

GIRLS VOLLEYBALL REGISTRATION FORM (Page 2 of 3)

PRINT Name of Player(s) _____

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim arising out of any injury or damages to myself/child. By signing this release, I/the guardian consent to such participation and also verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of the above name agency to seek immediate medical attention for myself/my child.

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks & Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name/child's name in any part of those publications listed above. I have read this document and am fully aware of the content and implications, legal and otherwise.

CODE OF CONDUCT

The Fayette County Parks & Recreation Department understands that sportsmanship is a core value and its promotion and practice are essential. Participants, parents, official, administrators and spectators have a duty to assure that their teams/communities promote the development of good character. This code of conduct applies to all participants involved in athletics and Fayette County Parks and Recreation Department sponsored activities/events.

- ◆ Participants will advocate, model, and promote the development of good character to include trustworthiness, respect, responsibility, teamwork, fairness, caring, and citizenship while promoting emotional, physical, and moral well-being above desires and pressure to win.
- ◆ Participants will respect peers, coaches, officials, opponents, and others associated with the activity/event.
- ◆ Participants will promote fair play and uphold the spirit of the rules in the activity/event.
- ◆ Participants will model appropriate behavior at all times.
- ◆ Participants will engage in a healthy lifestyle.

I have read and understand the requirements of this Code of Conduct and acknowledge that league participants and spectators may be disciplined or removed from a Fayette County Parks & Recreation Department sponsored event/activity and/or facility if found in violations of any of its provisions. I will make sure that the participant, family members, and our invited guests (observing practices/games) are familiar with, and adhere to, the Code of Conduct.

Initials I understand that my contact information (phone number and/or email) will be shared with my child's coach(es) & teammates (Silver/Gold only). Contact information for Bronze Division players will only be shared with instructor.

Initials I have received a copy of the "HEADS UP Concussion in Youth Sports" Fact Sheet for Parents (included with registration packet).

PRINT Name of Parent/Guardian

SIGNATURE of Parent/Guardian

Date

WANTED – COACHES AND VOLUNTEERS - Ask for a Volunteer Application.

Volunteers are an integral part of our Youth Volleyball Leagues. We are in need of adult volunteers (especially in Silver & Gold divisions) for coaches and assistants, as well as teen volleyball players (Middle & High School age) to assist as peer mentors for younger divisions. NYSCA Volleyball Coaches Training is available.

PRINT Name _____ Email: _____ Circle (one Coach Team Parent
or more): Phone: _____ Assist. Coach Line Judge

Head Coach Only: Shirt Size _____ Preferred Team Color 1) _____ 2) _____ 3) _____

★ [FREE Mandatory Reporter of Suspected Abuse Training](http://www.prosolutionstraining.com) - www.prosolutionstraining.com (under Course Menu)

★ [FREE Online Training Course for Youth Sports](http://www.cdc.gov/concussion/HeadsUp/online_training.html): www.cdc.gov/concussion/HeadsUp/online_training.html

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Teen Volleyball Players: We are also in need of teen volleyball players to assist as Peer Mentors (coaches' assistants) for younger divisions (e.g., a 6th grader can only work with the Bronze Division, but a 7th grader can volunteer with Bronze or Silver Divisions).

Name: _____ Phone/Email: _____

Your Grade Level: _____ Preferred Division/Weeknight: _____

****Return this form to Recreation Department - Page 2 of 3****

GIRLS VOLLEYBALL REGISTRATION FORM (Page 3 of 3)

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

[FREE Concussion Training Course for Parents](http://www.cdc.gov/concussion/HeadsUp/online_training.html): www.cdc.gov/concussion/HeadsUp/online_training.html

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Athlete Name(s) _____

Parent/Guardian Name PRINT _____

Parent/Guardian Name SIGNATURE _____ Date _____

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

****Return this form to Recreation Department - Page 3 of 3****